

Statewide Portable Equipment Registration Program

**FORM 9 – Intra-Company Sticker(s), Document(s) and/or Placard(s) Replacement Request**

(Auto-fill format. Use "Tab" or up/down arrows to enter information)

1. Company Name: \_\_\_\_\_

2. ☐ **Replacement of Registration Sticker(s):** (\$30/each)

Registration Number(s): \_\_\_\_\_

☐ **Replacement of Registration Document(s):** (\$45/each)

Registration Number(s): \_\_\_\_\_

☐ **Replacement of Registration Placard(s):** (\$30/each) Note: replacement placard will include a free sticker which is to be affixed to the placard

Registration Number(s): \_\_\_\_\_

**Address Information for Delivery:**

*Note: Provide company branch or location information for direct delivery*

Mail Sticker(s), Document(s) and/or Placard(s) To: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

**3. Fees**

Total Number of Replacements

Stickers

_____	x \$30 =	_____
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Documents

_____	x \$45 =	_____
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Placards

_____	x \$30 =	_____
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<b>TOTAL</b>		<b>\$</b> _____
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**4. Payment**

Enclose Check Payable To:

OR

Bill to Credit Card:

ARB / PERP

Air Resources Board

P.O. Box 2038

Sacramento, CA 95812

☐ VISA

☐ MasterCard

☐ Discover

☐ American Express

Credit Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

5. Printed Name of Responsible Party: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_

(FORM 9)

**NOTE:** This form is for replacement request(s) for stickers, documents and placards for existing registrations. Please provide the following information:

1. *Company Name* – Legal name currently on registration documents.
2. *Replacement of Registration Sticker(s):* (\$30/sticker) - List the registration number(s) of the replacement sticker(s)  
*Replacement of Registration Document(s):* (\$45/document) - List the registration number(s) of the replacement document(s)  
*Replacement of Registration Placard(s):* (\$30/placard) - List the registration number(s) of the replacement placards needed  
*Address Information for Delivery* – Please provide information  
  
*Mail Sticker(s), Document(s) and/or Placard(s) To:* List the branch or location address where the replacement items need to be delivered.  
  
*Phone #, Fax#, Email:* Provide current phone number, fax number and email (optional).
3. *Calculation of Fees* – Enter the total number of updated registration replacement sticker(s), document(s) and/or placard(s). Then multiply each request by its respective fee. Lastly add fees in far right column and place the total on the last line.
4. *Payment* – Both credit card and check payments are acceptable.  
  
*Payment by Check* - If you pay by check please mail Form 9 and payment.  
  
*Payment by Credit Card* - If you pay by credit card, check credit card type and fill in card number and expiration date.  
  
Mail Form 9 and payment to: **ARB/PERP, Air Resources Board, P.O. Box 2038, Sacramento, CA 95812-2038.**
5. *Printed Name of Responsible Party* - Printed or typed name and official title of person signing and dating form.  
  
*Signature of Responsible Party with Date* - Signature of responsible member of entity.  
(Application will not be accepted unless signed and dated.)